BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number
ROL9 ZOO 10 2.2 US

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												
		CLAIMS AS	(Column		-	ımn 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			29		·	B		RATE	FEE	1	RATE	FEE
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			39 minus 20=		* 9			X\$ 9=		OR	X\$18=	162
INDEPENDENT CLAIMS			6 mi	inus 3 =	* 3	* 3		X42=		OR	X84=	252
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		1	+280=	0,0
* If the difference in column 1 is less than zero, enter "					r "0" in ‹	column 2	L	TOTAL		OR OR	TOTAL	. 1170
CLAIMS AS AMENDED - PART II							IOIAL		UH	OTHER	THAN	
(Column 1)				(Colur	mn 2)	(Column 3)		SMALL ENTITY			SMALL	
AMENDMENT A	₹	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
<u></u>	FIRST PHESE	NTATION OF MU	JLTIPLE DEF	PENDENI	CLAIM			+140=		OR	+280=	
							L	TOTAL		יבו	TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FEE		,	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDEN				CLAIM			+140=		OR	+280=	
(Column 1) (Column 2) (Column 3)								TOTAL			TOTAL	
								ODIT. FEE L		, O ,	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVICE PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	,
AME	Independent	*	Minus	***	TOLAINA			X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
* **	If the entry in colur If the "Highest Nur	TOTAL			TOTAL							
***	'If the "Highest Nur	mber Previously Panber Previously Paid	aid For" IN THIS	S SPACE is	is less tha	ın 3, enter "3."		DIT. FEE L			ADDIT. FEE L umn 1.	